



State of Utah
Department of Workforce Services
H.E.A.T. PROGRAM/HELP/EAF APPLICATION
(HOME ENERGY ASSISTANCE TARGET)

One Person Household — H.E.A.T. Application

1. Applicant information:

Name: _____ Date: _____
First Middle Last
Social Security #: _____ Gender: ☐ Male ☐ Female Birth Date: _____
Month/ Day /Year
Address: _____ City/State: _____ Zip: _____
Phone number: _____ Email: _____

2. Have you applied for HEAT assistance before? ☐ Yes ☐ No If yes, Date: _____ Office: _____

3. Ethnic background: ☐ American Indian ☐ White ☐ Hispanic ☐ Black ☐ Asian
☐ Pacific Islander ☐ Other: _____

4. Are you: U.S. Citizen: ☐ Yes ☐ No Age 60 or older: ☐ Yes ☐ No
Handicapped/Disabled: ☐ Yes ☐ No SNAP Recipient (Food Stamps): ☐ Yes ☐ No
U.S. Veteran: ☐ Yes ☐ No

5. Your dwelling is a: (check one): ☐ House ☐ Boarding room ☐ Duplex ☐ Small trailer
☐ Mobile home ☐ Condo ☐ Townhouse
☐ Apartment (3 or more units) ☐ Basement apartment

6. Do you rent or own your home? ☐ Rent ☐ Own What is your primary heating source? _____
What is your secondary heating source? _____ What is your primary cooling source? _____

7. Is your rent subsidized? ☐ Yes ☐ No How much is your monthly rent/mortgage payment? \$ _____

8. Does your rent include utilities? ☐ Yes ☐ No (If so, please include a copy of the lease or a signed
Landlord Statement form must be included with application)
Which utilities? _____

9. Does anyone else live with you now? ☐ Yes ☐ No If yes, make an appointment with your local HEAT
office (dial 2-1-1). This application is for one-person households only.

10. Please enclose copies of your most recent utility bills. HEAT payment is to be issued to the following
utility vendor(s) in the percentages listed below (100%, 50/50%, or 25/75%). Payment cannot be changed
once application is submitted. Be sure to circle the account status for each utility. If you circle 48 hr. you
must include a copy of the 48 hour shut-off notice. For propane, circle **on** if you have fuel, **off** if you are out
of fuel, and 48 hr. if you will run out of fuel within 48 hours.

%	Name of Utility Vendor(s)	Account Status (circle one)	Utility Account Number(s)	Name on Account (provide explanation if not applicant)
		ON / OFF / 48 hr.		
		ON / OFF / 48 hr.		

Name of electricity vendor and account number if not included above: _____

11. Income (please enclose documentation of income): Enter the gross amount of income you received **last month** from each source.

Income documented is for the month of: _____

Wages (Part-time/Full-time/Self-emp.)	\$ _____	Unemployment	\$ _____
Railroad Retirement	\$ _____	Supplemental Security Income (SSI)	\$ _____
Veterans Benefits	\$ _____	General Assistance	\$ _____
Social Security	\$ _____	Income from Rental Property	\$ _____
Pension/Annuity/Retirement	\$ _____	Other: _____	\$ _____

12. Deductions: Did you make any payments to doctors, hospitals, or medical/dental clinics, pay for any health, dental, or vision insurance premiums, or pay for prescription medicines, oxygen, glasses/contacts, or hearing aids **last month**? ☐ Yes ☐ No

If yes, please include copies of the receipts with this application. All receipts must be paid in the same month as the month of income listed above.

Total Income: \$ _____ Total Deductions: \$ _____ Net Income: \$ _____

DECLARATION: I understand that neither the vendor nor the percentage of my H.E.A.T. payment may be changed. By signing this application, I certify under penalty of perjury that the information I provided on this application is true, and that giving false information may require repayment of any funds received. I agree to cooperate with state and federal officials in any review of my application and to provide information necessary to verify any statement herein. I give permission for my utility companies to provide my billing and usage information to the State of Utah. I hereby authorize H.E.A.T. program officials to make inquiry of persons, companies, financial institutions, and other state and federal agencies to assist in the processing of my application. I understand that if I do not provide the necessary information to establish my eligibility within 10 days from this date that my application may be denied. I understand that I have the right to a Fair Hearing if my application is denied. I further understand that if Federal H.E.A.T. funds are exhausted prior to processing this application, the State of Utah is under no obligation to make payment. I understand that if my application is denied or if the local office has failed to act upon my application within 45 days, I have the right to request a Fair Hearing. I verify that, if eligible, I would like to receive the Rocky Mountain Power (RMP) HELP discount program and Questar Gas Energy Assistance Fund (EAF) credit.

Signature

Date

If you believe you have been treated unfairly by the HEAT program, call 866-205-4357 for assistance.

OFFICE USE: Office Code: _____ Worker: _____ Editor: _____ Fuel Type: _____

☐ House Standard ☐ Apartment Standard ☐ Room/board ☐ Actual amount \$ _____

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.